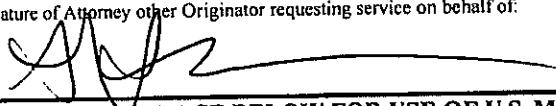


U.S. Department of Justice
United States Marshals Service


PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | |
|--|---|
| PLAINTIFF Ruby Freeman and Wandrea' Moss | COURT CASE NUMBER 24-mc-353 (S.D.N.Y.) |
| DEFENDANT Rudolph W. Giuliani | TYPE OF PROCESS Writ of Execution |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Rudolph W. Giuliani ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 44 East 66th Street, Apartment 10W, New York, NY 10065 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW M. Annie Houghton-Larsen Willkie Farr & Gallagher LLP 787 Seventh Avenue New York, NY 10019 | Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | |

| | | | |
|--|---|------------------------------------|------------------|
| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (212) 728-8164 | DATE 8/8/2024 |
|--|---|------------------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--------------------|-------------------------------|------------------------------|--|------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 054 | District to Serve No. 054 | Signature of Authorized USMS Deputy or Clerk  | Date 8/9/2024 |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | Date 8/14/24 | Time 2:20 PM |
| Address (complete only different than shown above) 45 East 66th Street, Apt 10W, NY, NY, 10065 | | | | Signature of U.S. Marshal or Deputy Dusm Fernandez | |

Costs shown on attached USMS Cost Sheet >>

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| REMARKS - Correct address is 45 East 66th st - As per Doorman individual as not been in residence for a long time. - Doorman confirms individual resides in Apartment 10W Hour - 1 x \$65 = \$65 Miles - 12 x \$.67 = \$8.04 \$73.04 |
|--|